MISSOURI CIRCUIT COURT, TWENTY-SECOND JUDICIAL CIRCUIT PROBATE DIVISION, CITY OF ST. LOUIS

IN THE MATTER (OF:			
		No		
	Minor			
Pi	ETITION FOR APPOINTMENT C	OF GUARDIAN AND CONSERVATOR* OF MINOR(S)		
Comes no	w Name and Relationship to	, petitioner, and states: Minor(s)		
That the m	inor(s) named below			
<u>Name</u>	Address and Domicile	Date of Birth		
is/are under the ag	e of eighteen years and in need	of a Guardian/Conservator/Guardian and Conservator		
		Guardian/Conservator/Guardian and Conservator		
(NOTE: For guard	ianship applications, a certified c	copy of birth certificate must be submitted for each minor.)		
That said r	minor(s) reside(s) in and is domic	ciled in the City of St. Louis, Missouri; that the estimated value of the		
		, and personal property \$		
That the pa	arents of the minor(s)are/are no	living, and their names and addresses are:		
Name		Address		
Name		Address		
The reason	ns why the appointment of a gua	rdian and conservator is sought are (Indicate statutory grounds, Sec		
475.030 RSMo. A	dditional explanation may be incl	luded).		
•	,	ving parent; b) the parents or sole surviving parent of the minor are		
_	-	uties of guardianship; c) the parents or the sole surviving parent hav		
·	,	211 RSMo; and d) the best interest of the minor require letters of		
•	r all his/her estate).			
That said r	minor(s) is single/married	to		
whose ado				

That the names, ages and addresses of a	Il living children of the minor(s) are:
Name	Address
Name	Address
That the name and address of the person	having custody of the person of the minor(s) is:
Name	Address
Name	Address
That the name and address of any guardia in this or any other state is:	an of the person or conservator of the estate of the minor(s) appointed
Name	Address
Name	Address
That the names and addresses of wards a is already guardian or conservator are:	and disabled persons for whom the proposed guardian and conservator
Name	Address
Name	Address
	reau or agency of the United States or of this state or any political on, pension, insurance or other allowances as described below for the
Name	Address
That the following named department, bur organization of this state is charged with the super	reau or agency of this state, political subdivision thereof or charitable rvision, control or custody of the minor(s):
Name	Address
WHEREFORE, petitioner prays letters of	issue to: ardianship/Conservatorship/Guardianship and Conservatorship
Name, address and relation	onship of proposed guardian/conservator to minor
(If petitioner is not proposed guardian/con must also be submitted)	servator, consent of proposed guardian/conservator to appointment

	The foregoing peti			,		under oath or
	ation and its represe penalties of making			est of the petitioner's	knowledge a	nd belief, subject
Signature of Attorney for Petitioner Attorney's Name (Typed) Street Address			Signature of P	-		
			Petitioner's Na			
			Street Address	-		
City	State	Zip Code	City	State	Zip Code	-
Telephone Number With Area Code		Telephone Nu	mber With Area Cod	le	-	
Missouri Bar N	Number					
Signature of Attorney for Petitioner			Signature of Petitioner			
Attorney's Name (Typed)			Petitioner's Name (Typed)			
Street Address			Street Address			
City	State	Zip Code	City	State	Zip Code	-
Telephone Number With Area Code		Telephone Nu	mber With Area Cod	le	-	
Missouri Bar N	Number					

AFFIDAVIT

In the Estate of				
			, Minor	
The following in	nformation is submitted pursuant to	Section 452.480 RSM	Mo., in support of the petition	for
guardianship of the abo	ove named minor.			
Said minor is p	resently living with		at	
Said minor has	lived with the following persons at	Address the following address	es within the past 6 months:	_•
Name		Address		
Name	<u> </u>	Address		
have/have n	ot eative explain in detail).	-		in this or
have/have	information of a no er state. (If affirmative explain in de		-	_
have/have	knowledge of a no claims to have custody or visitation			
			Affiant's Signature	
	Subscribed and sworn to before	me this day of	20	
			Notary Public	
	My commission expires:			
			Attorney	

PARENT'S CONSENT TO APPOINTMENT AND WAIVER OF SERVICE

	as guardian of the person and/or		
conservator of the estate of	who is/are my		
natural child(ren) for the following reasons:			
appointment shall be subject to the laws of the State of Misthat I shall not have any right or claim to control or custody appointment is permanent and will not be set aside merely aside upon resignation of the fiduciary or upon proof that the law after notice and hearing to all persons interested in the	at my request. I understand that the appointment will be set the fiduciary should be removed upon grounds as provided by e welfare of the child(ren). I hereby state that this consent is y any person, including the proposed fiduciary, to the effect that		
I hereby also consent to and waive service and no Minor.	tice of hearing on the petition for appointment of guardian for		
	Natural Parent		
STATE OF MISSOURI COUNTY OF			
	Public in and for said State and County, personally appeared to be the person described in and who executed the foregoing t and deed for the uses and purposes therein stated		
•	nd and affixed my official seal at my office in said State and		
My Commission expires			
	Notary Public		
	County of		

State of _____

NOMINATION OF FIDUCIARY BY MINOR

The undersigned minor acknowledges hereby requests thatconservator.		of the above petition and waives service thereof and be appointed guardian and /or
		Signature of minor
Subscribed and sworn to before me this	day of	, 20
My Commission Expires:		Notary Public
(Minor(s) over 14 years of age who has no qua	lified parent living	may make nomination, Section 475.045 RSMo.)

NOTICE TO ATTORNEYS

The Probate Division requires that all prospective guardians obtain a police record check and complete an authorization for a child abuse/neglect background screening. The results of the record check and the screening will be kept confidential, that information will be available to the public.

The following two forms must be completed for the background screening. These forms are to be filed in the Probate Division with the petition. We will forward the waiver and screening form to Jefferson City. We will also order the Department of Social Services to perform the child abuse/neglect screening on the minor, as well as the applicant. There is no cost for the screening, and hopefully all screenings will be completed before the hearing on the petition.

The police record check, which is to be submitted at or before the hearing, should indicate that the record check has been completed within 30 days of the filing of the petition.

MISSOURI DEPARTMENT OF SOCIAL SERVICES

DIVISION OF FAMILY SERVICES ST. LOUIS CITY OFFICE 3545 LINDELL BLVD. ST. LOUIS 63103-1077

TDD: 1-800-735-2966, VOICE: 1-800-735-2466

AUTHORIZATION FOR RELEASE OF INFORMATION

(Mr.) (Mrs.) Address					
		(Zip)			
		R	E:	DOB:	
	ease of information (signed below) autl g the above-named individuals from th				on of Family Services to give information
1	I/We hereby release the Missouri Divis	sion of Famil	y Sei	vices or	Services to provide below indicated information. any authorized representative and any person, furnished pursuant to this authorization.
Informat	ion requested: Child Abuse Registry				
	(Signature)				(Date)
	(Spouse)				

"AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER" services provided on a nondiscrimnatory basis